



County of San Diego Monthly STD Report

Issue No. 36: Data through December 31st, 2011; Report prepared February 29, 2012.



Table 1. STDs reported among San Diego County residents, by month (December 2011), and year-to-date.

Table with 5 columns: STD Type, 2011 Dec, 2011 YTD, 2010 Dec, 2010 YTD. Rows include Gonorrhea, Chlamydia, Early Syphilis, HIV Infection, and AIDS.

YTD: Year-to-Date
*Chlamydia data through November 2011 due to data entry delay, with comparison data through November 2010.
**Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only.

Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and race/ethnicity, year-to-date.

Table with 12 columns: STD Type, (All races) cases, (All races) rate, Asian/PI cases, Asian/PI rate, African American cases, African American rate, Hispanic cases, Hispanic rate, White cases, White rate. Rows include All ages and Under 20 yrs.

*Chlamydia data through November 2011 due to data entry delay.

Editorial Note: Noncongenital Syphilis Staging

Assigning the correct stage of disease when making the diagnosis of syphilis is important because it determines the treatment required as well as the likelihood that the patient is currently infectious. Stages include:

Primary: Within 2 to 12 weeks of exposure, at the site of sexual contact (e.g. genitals, oropharynx, anus) one or more ulcers develop, which are classically painless with induration and raised borders; however, much variation occurs. Common misdiagnoses are herpes simplex infection, traumatic lesion, fissure (anus). These highly contagious lesions heal within 2 to 4 weeks without treatment, but the patient is still infected.

Secondary: Up to 6 months after exposure, usually after but occasionally concurrent with the primary lesion, a variable rash develops. Palmar or plantar lesions may occur, as may mucous patches in the mouth, condyloma lata in moist intertriginous areas, and patchy alopecia. The rash, known as "the Great Imitator," may be misdiagnosed as psoriasis, eczema, fungal infection, drug reaction, viral exanthem, pityriasis rosea, scabies and other conditions. The rash resolves spontaneously within several weeks, but the patient is still infected and contagious to others.

Latent: By definition, latent syphilis is asymptomatic, diagnosable only by serologic testing. It is important to distinguish between cases that are early latent (infected within the last year) and those that are late latent or of unknown duration, because recommended treatment for the two categories is different. Specific criteria are required to make the diagnosis of early latent syphilis (p. 30 of the CDC STD Treatment Guidelines, 2010).

Neurosyphilis: A site of infection, which may occur at any stage of disease. Every patient diagnosed with syphilis should be asked about neurologic symptoms and should receive a focused physical exam to screen for neurosyphilis.

Tertiary: Rarely seen in the US, neurologic and cardiac disease and gummatous lesions may occur.

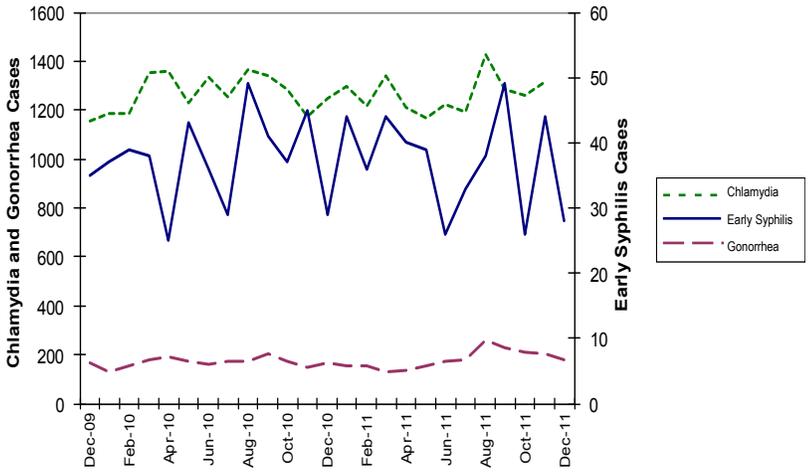
Between 2007 and 2011, 24% of syphilis cases were diagnosed in the early latent stage, 5% as latent syphilis of unknown duration, and 27% as late latent syphilis. While some patients may not seek care while symptomatic, anecdotal evidence supports the fact that misdiagnosis of primary and secondary syphilis is common. This may result in serious sequelae for the patient (e.g., neurosyphilis) as well as increased community transmission. County Health Advisors are ready to assist you with making staging and treatment decisions for your patients (619 692-8501; Monday through Friday 8 AM to 5 PM).

Note: This report, also accessible through the "Reports and Statistics" link at www.STDSanDiego.org, contains hyperlinks to other documents.

Information about the County of San Diego STD Clinics: www.STDSanDiego.org
STD Clinical Consultation Pager: (877) 217-1816 (8 a.m.-5 p.m., M-F, except major holidays)

Provider STD Reporting: (619) 692-8520; fax (619) 692-8541
STD Clinic: (619) 692-8550; fax (619) 692-8543

Figure 1. Chlamydia, early syphilis, and gonorrhea cases reported among San Diego County residents, by month.



*Chlamydia data through November 2011 due to data entry delay.
**Early syphilis includes primary, secondary and early latent syphilis.

Key Points, comparing reported cases in 2011 with 2010

- Overall, chlamydia is stable, but...
• Male rectal chlamydia has increased 18%.
Overall, gonorrhea has increased 7%.
Overall, early syphilis is stable, but...
• Primary syphilis is up 30%.

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.